

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003035

**FILED
Jul 12, 2005
Secretary of State**

Entity Name: SHOWTIME PICTURES, L.L.C.

Current Principal Place of Business:

5722 S. FLAMINGO ROAD, #309
FT LAUDERDALE, FL 33330

New Principal Place of Business:

Current Mailing Address:

5722 S. FLAMINGO ROAD, #309
FT LAUDERDALE, FL 33330

New Mailing Address:

FEI Number: 65-0927133 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: ARIN, A. KEMAL
Address: 12901 STIRLING RD.
City-St-Zip: FT LAUDERDALE, FL 33330

Title: MEM () Delete
Name: ARIN, ESRA
Address: 1201 STIRLING RD.
City-St-Zip: FT LAUDERDALE, FL 33330

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A KEMAL ARIN

MGR

07/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date